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Bib Data Sheet

CONFIRMATION NO. 8283

<b>SERIAL NUMBER</b> 09/725,142	<b>FILING DATE</b> 11/29/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2151 36 2A	<b>ATTORNEY DOCKET NO.</b> 3824-4
<b>APPLICANTS</b> Julian L. Henley, Guilford, CT;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/186,542 03/02/2000 AND CLAIMS BENEFIT OF 60/201,021 05/01/2000 AND CLAIMS BENEFIT OF 60/222,648 08/03/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 01/10/2001</b>			<b>** SMALL ENTITY **</b>	
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Signature</i> Acknowledged <i>Initials</i>		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 64
<b>INDEPENDENT CLAIMS</b> 21				
<b>ADDRESS</b> NIXON & VANDERHYE PC 1100 North Glebe Road, 8th Floor Arlington, VA 22201-4714				
<b>TITLE</b> Method and system for provision and acquisition of medical services and products				
<b>FILING FEE RECEIVED</b> 1471	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	